Proposed Fishing Plan for Motherships and Catcher/Processors Using Trawl Gear

CDQ Group Name:	
Vessel Name:	Vessel contact information - Name of Person:
Federal Fisheries Permit #:	Mailing address:
ADF&G #:	
LOA:	Phone number:
Vessel type (Circle one) Catcher/Processor	FAX number:
Mothership	e-mail address (not required):
How many CDQ observers will be aboard this ve	ssel during groundfish CDQ fishing?
Method that will be used to determine CD	Q and PSQ catch for this vessel (check one):
NMFS standard sources of Alternative method describ	
	(1.1 ODO C.1.)

Fishery (if		Average (while CDQ fishing)			Maximum (while CDQ fishing)		
information differs by fishery)	Area	# of Hauls	Weight (mt)	Time (hrs)	# of Hauls	Weight (mt)	Time (hrs)

(rev 4/18/00)

Page	Date Prepared/Revised: